

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↘	↘	↘	↘	↘	TOTAL IND.	↘	↘	↘	↘	↘	↘
TOTAL DEP.	13	↘	↘	↘	↘	↘	TOTAL DEP.	↘	↘	↘	↘	↘	↘
TOTAL CLAIMS	16						TOTAL CLAIMS						